

**Clinical Skills Checklists ACCESS-FP 2010**

**Postplacental (Instrumental) Insertion of the IUD (Copper T 380A)  
(To Be Used by Learners and Trainers)**

**Learners:** Study this tool together with the appropriate chapter in the Reference Manual to learn about and practice the correct steps needed to provide this clinical skill. Ask your colleagues to use this tool to follow along as you practice with anatomic models and gain experience with clients. Your colleagues should offer specific feedback using this tool to guide their observations.

**Trainers:** Use this tool when the learner is ready for assessment of competency in this clinical skill. Place a “✓” in case box if task/activity is performed **satisfactorily**, an “✗” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

**Satisfactory:** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed:** Step, task or skill not performed by learner during evaluation by trainer

Learner \_\_\_\_\_ Date Observed \_\_\_\_\_

CHECKLIST FOR <u>POSTPLACENTAL (INSTRUMENTAL)</u> INSERTION OF THE IUD					
STEP/TASK	CASES				
<b>Tasks to Perform upon Presentation (done prior to managing active labor and vaginal delivery)</b>					
1. Reviews the woman’s record to ensure that she has chosen the IUD.					
2. Checks that she has been appropriately <b>counseled and screened</b> for PPIUD insertion. (Note: If she has not and she is comfortable and in early/inactive labor, provides that service following the next step.)					
3. Greets the woman with kindness and respect.					
4. <b>Confirms</b> that woman still wants IUD.					
5. Explains that the IUD will be inserted following delivery of baby and placenta. Answers any questions she might have.					
<b>Tasks to Perform after Presentation but prior to Insertion</b>					
6. Confirms that correct sterile instruments, supplies and light source are available for immediate postplacental (instrumental) insertion; obtains PPIUD kit/tray.					
7. Confirms that IUDs are available on labor ward; obtains a sterile IUD, keeping the package sealed until immediately prior to insertion.					
8. <b>Manages labor and delivery</b> (including using a partograph and performing <b>active management of third stage of labor [AMTSL]</b> ) and performs <b>second screening</b> to confirm that there are no delivery-related conditions that preclude insertion of IUD now: <ul style="list-style-type: none"> <li>– Rupture of membranes for greater than 18 hours</li> <li>– Chorioamnionitis</li> <li>– Unresolved postpartum hemorrhage</li> </ul>					
9. If any of these conditions exists, speaks with the woman, explains that this is not a safe time for insertion of the IUD, and offers re-evaluation for an IUD at 6 weeks postpartum. Counsels her and offers her another method for postpartum family planning (at least for temporary use).					

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10. If insertion is performed by same provider who assisted birth, keeps on same pair of HLD or sterile gloves for insertion, provided they are not contaminated. <b>OR:</b> If insertion is performed by a provider different from the one who assisted birth, ensures that AMTSL has been completed, then performs hand hygiene and puts on HLD or sterile gloves.				
11. Inspects perineum, labia and vaginal walls for lacerations. If there are lacerations that are bleeding, applies clamp to the bleeding area to stop the bleeding and proceeds with IUD insertion. (Repairs lacerations, if needed, <u>after</u> inserting IUD.)				
<b>Insertion of the IUD</b>				
12. <b>Confirms</b> that the woman is ready to have the IUD inserted. Answers any questions she might have and provides reassurance if needed.				
13. Has the PPIUD kit/tray opened and arranges insertion instruments and supplies in the sterile field. Ensures that IUD in sterile package is kept to the side of sterile draped area. Places a dry, sterile cloth on the woman's abdomen.				
14. Gently inserts Simms speculum and visualizes cervix by depressing the posterior wall of vagina.				
15. Cleans cervix and vagina with antiseptic solution two times using a separate swab each time.				
16. Gently grasps anterior lip of the cervix with the ring forceps. (Speculum may be removed at this time, if necessary.) Leaves forceps aside, still attached to cervix.				
17. Opens sterile package of IUD from bottom by pulling back plastic cover approximately one-third of the way.				
18. With nondominant hand still holding the IUD package (stabilizing IUD through the package), uses dominant hand to remove plunger rod, inserter tube and card from package.				
19. With dominant hand, uses placental forceps to grasp IUD inside sterile package. Holds IUD by the edge, careful not to entangle strings in the forceps.				
20. Gently lifts anterior lip of cervix using ring forceps.				
21. <b>Gently inserts and slowly advances IUD</b> (this step overlaps with Step 22): <ul style="list-style-type: none"> <li>- While avoiding touching walls of the vagina, inserts placental forceps—which are holding the IUD—through cervix into lower uterine cavity.</li> <li>- Gently moves IUD further into uterus toward point where slight resistance is felt against back wall of lower segment of uterus.</li> <li>- Keeping placental forceps firmly closed, lowers ring forceps and gently removes them from cervix; leaves them on sterile towel.</li> </ul>				

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22. <b>“Elevates” the uterus</b> (this step overlaps with Steps 21 and 23): <ul style="list-style-type: none"> <li>– Places base of nondominant hand on lower part of uterus (midline, just above pubic bone with fingers toward fundus); and</li> <li>– Gently pushes uterus upward in abdomen to extend lower uterine segment.</li> </ul>				
23. <b>Passes IUD through vagino-uterine angle</b> (this step overlaps with Step 22): <ul style="list-style-type: none"> <li>– Keeping forceps closed, gently moves IUD upward toward uterine fundus, in an angle toward umbilicus.</li> <li>– Lowers the dominant hand (hand holding placental forceps) down, to enable forceps to easily pass vagino-uterine angle and follow contour of uterine cavity. Takes care not to perforate uterus.</li> </ul>				
24. Continues gently advancing forceps until uterine fundus is reached, when provider feels a resistance. By feeling the uterus through the abdominal wall, confirms with the abdominal hand that the IUD has reached the fundus.				
25. While continuing to stabilize the uterus, opens forceps, tilting them slightly toward midline to release IUD at fundus.				
26. Keeping forceps slightly open, slowly removes them from uterine cavity by sweeping forceps to the sidewall of uterus and sliding instrument alongside wall of uterus. Takes particular care not to dislodge IUD or catch IUD strings as forceps are removed.				
27. Keeps stabilizing uterus until forceps are completely withdrawn. Places forceps aside on sterile towel.				
28. Examines cervix to see if any portion of IUD or strings are visible or protruding from cervix. If IUD or strings are seen protruding from cervix, removes IUD using same forceps used for first insertion; positions same IUD in forceps inside sterile package and reinserts.				
29. Repairs any lacerations (episiotomy) as necessary.				
30. Removes all instruments used and places them open in 0.5% chlorine solution so they are totally submerged.				
<b>Post-Insertion Tasks</b>				
31. Allows the woman to rest a few minutes. Supports the initiation of routine postpartum care, including immediate breastfeeding.				
32. Disposes of waste materials appropriately.				
33. Immerses both gloved hands in 0.5% chlorine solution. Removes gloves by turning them inside out and disposing of them.				
34. Performs hand hygiene.				

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35. Tells woman that IUD has been successfully placed; reassures her and answers any questions she may have. Advises her that instructions will be reviewed prior to discharge, and provides the following instructions for now: <ul style="list-style-type: none"> <li>- Reviews IUD side effects and normal postpartum symptoms</li> <li>- Tells woman when to return for PPIUD/postpartum and newborn check-up(s)</li> <li>- Emphasizes that she should come back any time she has a concern or experiences warning signs</li> <li>- Reviews warning signs for IUD (PAINS<sup>1</sup>)</li> <li>- Reviews how to check for expulsion and what to do in case of expulsion</li> <li>- Ensures that the woman understands post-insertion instructions</li> <li>- Gives written post-insertion instructions, if possible</li> <li>- Provides card showing type of IUD and date of insertion</li> </ul>				
36. Records information in the woman's chart or record. Attaches IUD cards (which woman will be given at discharge) to woman's record.				
37. Records information in the appropriate register(s).				

<sup>1</sup>The acronym PAINS may be helpful in remembering IUD warning signs. Each letter stands for a sign or symptom indicating a need for urgent care: **P**eriod is late, or you have abnormal spotting or severe bleeding; **A**bdominal pain, severe cramping or abdominal pain with sexual intercourse; **I**nfection with or exposure to a STI or symptoms of a pelvic infection, such as abnormal vaginal discharge; **N**ot feeling well or having a fever of 100.4°F (38°C) or higher; **S**trings from IUD are missing or are longer or shorter than normal.